EAST Search History

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
L1	20	"0337350"	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/01/22 11:19
L2	643	"xanthine oxidase inhibitor"	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/01/22 11:35
L3	643	L2	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/01/22 11:35
L4	7914	"uric acid"	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/01/22 11:35
L5	7914	L4	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/01/22 11:35
L6	157	L2 and L4	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/01/22 11:36
L7	62280	hypertension	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/01/22 11:36
L8	38	L6 and L7	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/01/22 11:38
L9	5379	allopurinol or carprofen	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/01/22 11:38
L10	5379	L9	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/01/22 11:39
L11	609	L4 and L10	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/01/22 11:39

EAST Search History

L12	153	L11 and L7	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/01/22 11:39

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NEWS	2		"Ask CAS" for self-help around the clock
NEWS	3	OCT 23	The Derwent World Patents Index suite of databases on STN has been enhanced and reloaded
NEWS	4	OCT 30	CHEMLIST enhanced with new search and display field
NEWS	5	NOV 03	JAPIO enhanced with IPC 8 features and functionality
NEWS	6	NOV 10	CA/CAplus F-Term thesaurus enhanced
NEWS	7	NOV 10	STN Express with Discover! free maintenance release Version 8.01c now available
NEWS	8	NOV 20	CAS Registry Number crossover limit increased to 300,000 in additional databases
NEWS	9	NOV 20	CA/CAplus to MARPAT accession number crossover limit increased to 50,000
NEWS	10	DEC 01	CAS REGISTRY updated with new ambiguity codes
NEWS	11	DEC 11	CAS REGISTRY chemical nomenclature enhanced
NEWS	12	DEC 14	WPIDS/WPINDEX/WPIX manual codes updated
NEWS	13	DEC 14	GBFULL and FRFULL enhanced with IPC 8 features and functionality
NEWS	14	DEC 18	CA/CAplus pre-1967 chemical substance index entries enhanced with preparation role
NEWS	15	DEC 18	CA/CAplus patent kind codes updated
NEWS	16	DEC 18	MARPAT to CA/CAplus accession number crossover limit increased to 50,000
NEWS	17	DEC 18	MEDLINE updated in preparation for 2007 reload
NEWS	18	DEC 27	CA/CAplus enhanced with more pre-1907 records
NEWS	19	JAN 08	CHEMLIST enhanced with New Zealand Inventory of Chemicals
NEWS	20	JAN 16	CA/CAplus Company Name Thesaurus enhanced and reloaded
NEWS	21	JAN 16	IPC version 2007.01 thesaurus available on STN
NEWS	22	JAN 16	WPIDS/WPINDEX/WPIX enhanced with IPC 8 reclassification data

NEWS EXPRESS	NOVEMBER 10 CURRENT WINDOWS VERSION IS V8.01c, CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP), AND CURRENT DISCOVER FILE IS DATED 25 SEPTEMBER 2006.
NEWS HOURS	STN Operating Hours Plus Help Desk Availability
NEWS LOGIN	Welcome Banner and News Items
NEWS IPC8	For general information regarding STN implementation of IPC 8
NEWS X25	X.25 communication option no longer available

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=> s uric acid
L1        68507 URIC ACID

=> s xanthine oxidase inhibitor
L2         2893 XANTHINE OXIDASE INHIBITOR

=> s L1 and L2
L3          491 L1 AND L2

=> s hypertension
L4       787049 HYPERTENSION

=> s L3 and L4
L5           54 L3 AND L4

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L6           31 DUP REM L5 (23 DUPLICATES REMOVED)

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'2002' NOT A VALID FIELD CODE
L7            7 L6 AND (AY<2002 OR PY<2002 OR PRY<2002)

=> d 1-7 ibib abs L7

L7   ANSWER 1 OF 7  CAPLUS  COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER:         2002:10270  CAPLUS
DOCUMENT NUMBER:          136:64126
TITLE:                    Agent reducing uric acid levels
                          for treatment of cardiovascular disease and
                          hypertension
INVENTOR(S):              Kivlighn, Salah; Johnson, Richard J.; Mazzali, Marilda
PATENT ASSIGNEE(S):       Merck & Co., Inc., USA; University of Washington
SOURCE:                   PCT Int. Appl., 49 pp.
                          CODEN: PIXXD2
DOCUMENT TYPE:            Patent
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LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2002000210	A2	20020103	WO 2001-US20457	20010628 <--
WO 2002000210	A3	20021024		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
CA 2413201	A1	20020103	CA 2001-2413201	20010628 <--
AU 2001068734	A5	20020108	AU 2001-68734	20010628 <--
US 2002019360	A1	20020214	US 2001-892505	20010628 <--
EP 1317258	A2	20030611	EP 2001-946722	20010628 <--
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
JP 2004517804	T	20040617	JP 2002-504992	20010628 <--

PRIORITY APPLN. INFO.: US 2000-214825P P 20000628 <--
WO 2001-US20457 W 20010628 <--

AB This invention relates to a method for treating and preventing hypertension by administering a therapeutically effective amount of an agent capable of reducing uric acid levels in a patient in need of such treatment. Addnl., the scope of the invention includes a method of treating coronary heart disease by administering a therapeutically effective amount of an agent capable of reducing uric acid levels in a patient in need of such treatment. Allopurinol administered from the initiation of an oxonic acid diet prevented the development of hyperuricemia and hypertension. In hypertensive, hyperuricemic rats, either withdrawal of the oxonic acid or adding allopurinol also resulted in a reduction in the blood pressure in association with a fall in serum uric acid values.

L7 ANSWER 2 OF 7 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2001:887836 CAPLUS
DOCUMENT NUMBER: 136:148867
TITLE: Elevated uric acid increases blood pressure in the rat by a novel crystal-independent mechanism
AUTHOR(S): Mazzali, Marilda; Hughes, Jeremy; Kim, Yoon-Goo; Jefferson, J. Ashley; Kang, Duk-Hee; Gordon, Katherine L.; Lan, Hui Y.; Kivlighn, Salah; Johnson, Richard J.
CORPORATE SOURCE: Division of Nephrology, University of Washington Medical Center, Seattle, WA, USA
SOURCE: Hypertension (2001), 38(5), 1101-1106
CODEN: HPRTDN; ISSN: 0194-911X
PUBLISHER: Lippincott Williams & Wilkins
DOCUMENT TYPE: Journal
LANGUAGE: English

AB An elevation in circulating serum uric acid is strongly associated with the development of hypertension and renal disease, but whether uric acid has a causal role or whether it simply indicates patients at risk for these complications remains controversial. We tested the hypothesis that uric acid may have a causal role in the development of hypertension and renal disease by examining the effects of mild hyperuricemia in rats. Mild hyperuricemia was induced in rats by providing a uricase inhibitor (oxonic acid) in the diet. Hyperuricemic

rats developed elevated blood pressure after 3 wk, whereas control rats remained normotensive. The development of hypertension was prevented by concurrent treatment with either a xanthine oxidase inhibitor (allopurinol) or a uricosuric agent (benziodarone), both of which lowered uric acid levels. Blood pressure could also be lowered by reducing uric acid levels with either allopurinol or oxonic acid withdrawal. A direct relationship was found between blood pressure and uric acid ($r=0.75$, $n=69$), with a 10-mm Hg blood pressure increase for each 0.03-mmol/L (0.5-mg/dL) incremental rise in serum uric acid. The kidneys were devoid of urate crystals and were normal by light microscopy. However, immunohistochem. stains documented an ischemic type of injury with collagen deposition, macrophage infiltration, and an increase in tubular expression of osteopontin. Hyperuricemic rats also exhibited an increase in juxtaglomerular renin and a decrease in macula densa neuronal NO synthase. Both the renal injury and hypertension were reduced by treatment with enalapril or L-arginine. In conclusion, mild hyperuricemia causes hypertension and renal injury in the rat via a crystal-independent mechanism, with stimulation of the renin-angiotensin system and inhibition of neuronal NO synthase.

REFERENCE COUNT: 17 THERE ARE 17 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 3 OF 7 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 1996:207673 CAPLUS

DOCUMENT NUMBER: 124:313438

TITLE: Potentiation of nitric oxide-mediated vasorelaxation by xanthine oxidase inhibitors

AUTHOR(S): Miyamoto, Yoichi; Akaike, Takaaki; Yoshida, Masaki; Goto, Shingo; Horie, Hidechika; Maeda, Hiroshi

CORPORATE SOURCE: School Medicine, Kumamoto Univ., Kumamoto, 860, Japan

SOURCE: Proceedings of the Society for Experimental Biology and Medicine (1996), 211(4), 366-73
CODEN: PSEBAA; ISSN: 0037-9727

PUBLISHER: Blackwell

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Nitric oxide (NO), now almost synonymous with endothelium-derived relaxing factor (EDRF), reacts with superoxide anion radical (O_2^-) and forms a potentially toxic mol. species, peroxynitrite ($ONOO^-$). Because xanthine oxidase (XO) seems to be a major O_2--producing enzyme in the vascular system, it is important to clarify the mechanism of XO regulation of NO/EDRF. We first characterized the inhibition of XO in vitro by three types of pyrazolopyrimidine derivs. Kinetic studies indicated that 4-amino-6-hydroxypyrazolo[3,4-d]pyrimidine (AHPP) and allopurinol competitively inhibited the conversion of xanthine to uric acid catalyzed by XO, with apparent Ki values of 0.17 ± 0.02 and 0.50 ± 0.03 μM, resp.; alloxanthine inhibited this conversion in a noncompetitive manner with an apparent Ki value of 3.54 ± 1.12 μM. O_2^- generation in the xanthine/XO system assayed by lucigenin-dependent chemiluminescence was suppressed most strongly by AHPP in a dose-dependent fashion; allopurinol itself appears to reduce the enzyme by transfer of an electron to O_2, thus generating O_2^-. AHPP significantly augmented EDRF-mediated relaxation of aortic rings from both rabbits and spontaneously hypertensive rats (SHR) in a dose-dependent manner, whereas allopurinol did not affect the relaxation and only marginal potentiation of the vasorelaxation was observed with alloxanthine. Finally, i.v. injection of AHPP (50.4 mg/kg; 100 μmol/300 g rat) reduced the blood pressure of SHR rats to 70% of the initial pressure; this pressure is almost the blood pressure of normal rats. Allopurinol (100 μmol/300 g rat; i.v.) showed transient decrease in blood pressure and moderate reduction of hypertension of SHR (10%) was observed with i.v. injection of

alloxanthine (100 μmol/300 g rat). On the basis of these results, it seems that XO regulates EDRF/NO via production of O2-.

L7 ANSWER 4 OF 7 MEDLINE on STN
ACCESSION NUMBER: 93209170 MEDLINE
DOCUMENT NUMBER: PubMed ID: 7681372
TITLE: Prevention and management of gout.
AUTHOR: Star V L; Hochberg M C
CORPORATE SOURCE: Department of Medicine, University of Maryland School of Medicine, Baltimore.
SOURCE: Drugs, (1993 Feb) Vol. 45, No. 2, pp. 212-22.
Ref: 35
Journal code: 7600076. ISSN: 0012-6667.
PUB. COUNTRY: New Zealand
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199304
ENTRY DATE: Entered STN: 14 May 1993
Last Updated on STN: 29 Jan 1996
Entered Medline: 29 Apr 1993

AB Gout is a common disease with a worldwide distribution. The major risk factor for the development of gout is sustained asymptomatic hyperuricaemia. Although pharmacological therapy of asymptomatic hyperuricaemia is not recommended, primary prevention of gout can be achieved through lifestyle changes including weight loss, restricting protein and calorie intake, limiting alcohol consumption, avoiding the use of diuretics in the treatment of hypertension, and avoiding occupational exposure to lead. The arthritis of gout can be readily managed with the use of nonsteroidal anti-inflammatory drugs (NSAIDs); systemic steroids or corticotrophin (adrenocorticotrophic hormone; ACTH) should be used in patients with contraindications to NSAIDs, or who are intolerant of them. Because of potential toxicity, colchicine should not be used to treat acute gout, but should be used in low dosage (0.6 to 1.2 mg/day) for prophylaxis of recurrent attacks of gout. The other cornerstone of prevention of recurrent gouty attacks is control of hyperuricaemia, which can be effectively accomplished with antihyperuricaemic therapy. The choice of agents, either uricosuric drugs or xanthine oxidase inhibitors, is based on the level of urinary uric acid excretion, renal function, age of patient, history of renal calculi and presence of tophi. Treatment and prevention of gout are exceedingly effective and patients can usually be managed by their primary care physician.

L7 ANSWER 5 OF 7 EMBASE
ACCESSION NUMBER: 1999335389 EMBASE
TITLE: Gout and hyperuricemia.
AUTHOR: Stanaszek M.B.
CORPORATE SOURCE: M.B. Stanaszek, c/o Dr. Walter F. Stanaszek, Health Care Consultants, 402 North Sherry Avenue, Norman, OK 73069, United States
SOURCE: Journal of Pharmacy Practice, (1999) Vol. 12, No. 4, pp. 326-334. .
Refs: 25
ISSN: 0897-1900 CODEN: JPPREU
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 031 Arthritis and Rheumatism
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 7 Oct 1999
Last Updated on STN: 7 Oct 1999

AB Gout is recognized by sudden onsets of joint pain and swelling caused by imbalances in production and excretion of uric acid. Hyperuricemia is a risk factor for gout, however, not all patients with hyperuricemia will develop gout. Other risk factors include hypertension, renal insufficiency, obesity, excessive alcohol consumption, high purine diets, and medications such as thiazide diuretics and low dose aspirin. Management of gout and hyperuricemia can be achieved through inhibiting urate synthesis, enhancing urate excretion, or both. Medications to treat gout include NSAIDs, colchicine, and glucocorticosteroids. Chronic therapy with uricosuric agents or xanthine oxidase inhibitors may be necessary for those with recurrent attacks.

L7 ANSWER 6 OF 7 EMBASE

ACCESSION NUMBER: 1999280852 EMBASE
TITLE: Endothelial dysfunction and hypertensive vasoconstriction.
AUTHOR: De Artinano A.A.; Gonzalez V.L.-M.
CORPORATE SOURCE: A.A. De Artinano, Departamento de Farmacologia, Facultad de Medicina, Universidad Complutense de Madrid, Ciudad Universitaria s-n, 28040 Madrid, Spain
SOURCE: Pharmacological Research, (1999) Vol. 40, No. 2, pp. 113-124. .
Refs: 143
ISSN: 1043-6618 CODEN: PHMREP
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 26 Aug 1999
Last Updated on STN: 26 Aug 1999

AB A change in endothelial function is a common phenomenon in patients with essential hypertension and in animals with hypertension , whether primary or induced by a salt-rich diet. In hypertensive subjects, there may be a change in the synthesis, or the effect, of nitric oxide. Nevertheless, hypertensive vasoconstriction is at present associated, above all, with the degradation of this mediator by free radicals, such as the superoxide anion, released in the dysfunctional vascular endothelium. These radicals are also formed when hypoxanthine is turned into xanthine, and when the latter becomes uric acid, both having been catalysed by the enzyme xanthine oxidase. In physiological conditions, the concentration of superoxide radicals remains low within the organism as a result of its reaction with the superoxide dismutase enzyme. However, in pathological situations, such as arterial hypertension, there may be an increase in the production of these radicals or a deficiency of the superoxide dismutase enzyme. In hypertensive patients, the release of vasoconstrictor peroxides derived from the activity of cyclo-oxygenase in the endothelium and the vascular smooth muscle is also important. The excess free radicals released by the dysfunctional endothelium also stimulate the synthesis of these contracting agents. Moreover, it should not be forgotten that endothelin-1, which is similarly synthesized and released in the vascular endothelium, is the most powerful known endogenous vasoconstrictor. This peptide would therefore play a prominent part in some forms of hypertension. Although no changes in endothelin plasma levels have been found in essential hypertension, there may be an increase in its local concentration. It should be borne in mind that endothelin could strengthen the effect of other vasoconstrictors. Moreover, it may also provoke the release of free radicals and of

cyclo-oxygenase-derived vasoconstrictor factors. The latest theories therefore indicate that the increase in vasoconstriction, which characterizes arterial hypertension, is associated with a greater production of free radicals. At the present time, antioxidant agents and xanthine oxydase-inhibiting compounds are being used to treat hypertension and other pathologies linked to endothelial dysfunction. In addition, it is thought that the therapeutic benefit of some anti-hypertensive drugs, such as calcium antagonists and angiotensin-converting enzyme inhibitors, could be in part due to the inhibition of the production of free radicals that they provoke.

L7 ANSWER 7 OF 7 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 82065148 EMBASE
DOCUMENT NUMBER: 1982065148
TITLE: Solid and liquid nourishment in gout. Selected historical excerpts, largely empiric or fashionable and current scientific? Concepts in the management of gout and gouty arthritis.
AUTHOR: Talbott J.H.
CORPORATE SOURCE: Arthritis Div., Dept. Med. Univ. Miami Med. Sch., Miami, FL 33101, United States
SOURCE: Seminars in Arthritis and Rheumatism, (1981) Vol. 11, No. 2, pp. 288-306. .
CODEN: SAHRBF
COUNTRY: United States
DOCUMENT TYPE: Journal
FILE SEGMENT: 031 Arthritis and Rheumatism
006 Internal Medicine
028 Urology and Nephrology
019 Rehabilitation and Physical Medicine
LANGUAGE: English
ENTRY DATE: Entered STN: 9 Dec 1991
Last Updated on STN: 9 Dec 1991

AB The medical literature over the centuries is abundantly supplied with extended discussions of the significance of diet and fluids, especially alcoholic beverages, in the pathogenesis and management of patients whose disease is primarily related to the content and deposition of uric acid in the body. It is recognized that uric acid is a naturally occurring substance in the body of each of us, gouty or non-gouty. A significant percentage of circulating uric acid may come from ingested sources. This amount is subject to some control. Secondary features of clinical gout, hypertension , hyperlipidemia, obesity, coronary heart disease and diabetes mellitus, may also be under partial exogenous control. During the last 25 yr, the dietary management of gout has been liberalized immeasurably by the discovery of potent uricosuric agents and a xanthine oxidase inhibitor. The result is the capability for adequate control of hyperuricemia. The persistent control of clinical arthritis may be achieved by the periodic intake of colchicine, drugs that influence uric acid metabolism, and an abundant fluid intake.

```
=> s allopurinol
L8       25435 ALLOPURINOL

=> s L3 and L8
L9         336 L3 AND L8

=> s uric acid
L10      68507 URIC ACID

=> s L8 and L10\
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=> s L8 and L10
L12       4130 L8 AND L10

=> s hypertension
L13     787049 HYPERTENSION

=> s L12 and L13
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L17  ANSWER 1 OF 112  CAPLUS  COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER:         2002:10270  CAPLUS
DOCUMENT NUMBER:          136:64126
TITLE:                    Agent reducing uric acid levels
                          for treatment of cardiovascular disease and
                          hypertension
INVENTOR(S):              Kivlighn, Salah; Johnson, Richard J.; Mazzali, Marilda
PATENT ASSIGNEE(S):       Merck & Co., Inc., USA; University of Washington
SOURCE:                   PCT Int. Appl., 49 pp.
                          CODEN: PIXXD2
DOCUMENT TYPE:            Patent
LANGUAGE:                 English
FAMILY ACC. NUM. COUNT:   1
PATENT INFORMATION:

     PATENT NO.           KIND   DATE        APPLICATION NO.          DATE
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     WO 2002000210         A2    20020103    WO 2001-US20457          20010628 <--
     WO 2002000210         A3    20021024
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             HR, HU, ID, IL, IN, IS, JP, KE, KG, KR, KZ, LC, LK, LR, LS, LT,
             LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU,
             SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN,
             YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
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BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

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US 2002019360	A1	20020214	US 2001-892505	20010628 <--
EP 1317258	A2	20030611	EP 2001-946722	20010628 <--
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
JP 2004517804	T	20040617	JP 2002-504992	20010628 <--
PRIORITY APPLN. INFO.:			US 2000-214825P P	20000628 <--
			WO 2001-US20457 W	20010628

AB This invention relates to a method for treating and preventing hypertension by administering a therapeutically effective amount of an agent capable of reducing uric acid levels in a patient in need of such treatment. Addnl., the scope of the invention includes a method of treating coronary heart disease by administering a therapeutically effective amount of an agent capable of reducing uric acid levels in a patient in need of such treatment. Allopurinol administered from the initiation of an oxonic acid diet prevented the development of hyperuricemia and hypertension . In hypertensive, hyperuricemic rats, either withdrawal of the oxonic acid or adding allopurinol also resulted in a reduction in the blood pressure in association with a fall in serum uric acid values.

L17 ANSWER 2 OF 112 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER:	2001:327858 CAPLUS
DOCUMENT NUMBER:	135:205240
TITLE:	Effect of losartan and furosemide on the urinary excretion of oxypurinol and uric acid
AUTHOR(S):	Yamamoto, Tetsuya; Moriwaki, Yuji; Takahashi, Sumio; Tsutsumi, Zenta; Hada, Toshikazu
CORPORATE SOURCE:	Third Department of Internal Medicine, Hyogo College of Medicine, Nishinomiya, Japan
SOURCE:	Advances in Experimental Medicine and Biology (2000), 486(Purine and Pyrimidine Metabolism in Man X), 185-188 CODEN: AEMBAP; ISSN: 0065-2598
PUBLISHER:	Kluwer Academic/Plenum Publishers
DOCUMENT TYPE:	Journal
LANGUAGE:	English

AB Losartan potassium (losartan) is an angiotensin II receptor antagonist used for the treatment of hypertension, which opposes the action of angiotensin II at the AT1 receptor. On the other hand, furosemide is a diuretic and is used for the treatment of heart failure, hypertension and edema. A study was conducted to determine whether losartan and furosemide affect the urinary excretion of the allopurinol metabolite oxypurinol together with uric acid. The urinary excretion of uric acid increased by 4.1-fold, and that of oxypurinol by 2-fold, from 1 to 2 h after the administration of losartan. In addition, the fractional clearance of uric acid increased by 4.3-fold, and that of oxypurinol by 2.2-fold from 1 to 2 h after the administration of losartan potassium. Meanwhile, the urinary excretion of uric acid decreased by 43%, and that of oxypurinol by 40%, from 1 to 2 h after the administration of furosemide. Also, the fractional clearance of uric acid decreased by 46% and that of oxypurinol by 39%, from 1 to 2 h after the administration of furosemide. The plasma concentration of total protein increased by 9% at 1.5 h after administration of furosemide. In the control study, these values did not change.

REFERENCE COUNT: 12 THERE ARE 12 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L17 ANSWER 3 OF 112 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 2001:255710 CAPLUS
DOCUMENT NUMBER: 135:189559
TITLE: Uric acid in cardiovascular diseases and the uricosuric and hypouricemic actions of angiotensin-converting enzyme inhibitors
AUTHOR(S): Reyes, A. J.
CORPORATE SOURCE: Institute of Cardiovascular Theory, Montevideo, Urug.
SOURCE: Cardiovascular Pharmacotherapy, Proceedings of the International Congress on Cardiovascular Pharmacotherapy, 9th, Salvador, Brazil, Mar. 26-30, 2000 (2000), 235-240. Editor(s): Reyes, Ariel J.; Maranhao, Mario F. C. Monduzzi Editore S.p.A.: Bologna, Italy.
CODEN: 69BDEL
DOCUMENT TYPE: Conference; General Review
LANGUAGE: English
AB A review, with 28 refs. Patients suffering from primary hypertension or from congestive heart failure frequently present hyperuricemia, which is usually due to a decrease in the renal excretion of uric acid. This reduction in excretion may be due to renal insufficiency, to an altered handling of uric acid by the proximal tubule of the nephron, or to the use of common diuretics. Angiotensin-converting enzyme (ACE) inhibitors increase the renal excretion of urate, apparently by decreasing the resorption of uric acid from the tubular fluid in the nephronal proximal tubule. The uricosuric effect of ACE inhibitors attenuates or counterbalances the hyperuricemic effect of diuretics, and it permits to diminish the dosage of allopurinol or to discontinue this drug in many patients who require it.
REFERENCE COUNT: 28 THERE ARE 28 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L17 ANSWER 4 OF 112 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 1998:51850 CAPLUS
DOCUMENT NUMBER: 128:113673
TITLE: Possibility of gout complications caused by xanthine oxidase and active oxygen
AUTHOR(S): Matsumoto, Mihuji; Sakano, Shougo
CORPORATE SOURCE: Dep. Blood Transfus., Nagoya City Univ., Nagoya, 467, Japan
SOURCE: Purin, Pirimijin Taisha (1997), 21(2), 171-173
CODEN: PPTAEV; ISSN: 0916-2836
PUBLISHER: Nippon Purin, Pirimijin Taisha Gakkai
DOCUMENT TYPE: Journal
LANGUAGE: Japanese
AB Oxidation and denaturing of blood lipids as well as atherosclerotic changes were detected in gout patients, and atherosclerosis is a factor selecting uric acid controlling medicine in gout. The patients with hypertension, glucose tolerance anomaly and splanchnic adiposis, being atherosclerotic factors, exhibited high lipid peroxide (LPO) concentration in blood before drug treatment. LPO concentration decreased after treatment in patients with decrease in atherosclerotic factors. The concentration was lower in patients receiving allopurinol (AP) than benzbromarone (BB). The pos. ratio of anti-oxidized and denatured low d. lipoprotein (LDL) antibody was higher in BB-treated patients than AP-treated patients in cases with administration period >1 yr. In BB-treated patients, the LPO concentration increased when hyperuricemia was poorly controlled.

L17 ANSWER 5 OF 112 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 1997:337113 CAPLUS
DOCUMENT NUMBER: 127:16211

TITLE: Acceleration of hypertensive cerebral injury by the inhibition of xanthine-xanthine oxidase system in stroke-prone spontaneously hypertensive rats
AUTHOR(S): Maenishi, Osamu; Ito, Hiroyuki; Suzuki, Tsuneyuki
CORPORATE SOURCE: Department of Pathology, Kinki University School of Medicine, Osaka, 589, Japan
SOURCE: Clinical and Experimental Hypertension (1997), 19(4), 461-477
CODEN: CEHYER; ISSN: 1064-1963
PUBLISHER: Dekker
DOCUMENT TYPE: Journal
LANGUAGE: English

AB It is well-known that, in ischemic cerebral injury, a free radical and its byproducts are generated by xanthine-xanthine oxidase system and eliminated by scavengers such as superoxide dismutase (SOD), catalase, uric acid and ascorbic acid. To investigate the possible involvement of the xanthine-xanthine oxidase system in hypertensive cerebral injury, the authors examined chronol. changes in uric acid level in the cerebral cortex and the effects of the inhibition of xanthine oxidase or catalase using stroke-prone spontaneously hypertensive rats (SHRSP). In young SHRSP, uric acid content was lower than age-matched Wistar-Kyoto rats (WKY), but in mature SHRSP strongly exposed to oxidative stress uric acid content had risen dramatically. Administration of allopurinol, an inhibitor of xanthine oxidase, caused a marked decrease in uric acid content. In these SHRSP, cerebral injury was much more intense compared to the control group. Administration of aminotriazole, an inhibitor of catalase, did not affect the brain pathol. of SHRSP, in spite of a mild reduction in tissue uric acid content. These results suggest that the xanthine-xanthine oxidase system is not the major source of free radical generation in hypertensive cerebral injury. Moreover, the results also suggest that tissue uric acid may have a key role for the incidence of hypertensive cerebral injury in SHRSP.

REFERENCE COUNT: 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L17 ANSWER 6 OF 112 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 1996:207673 CAPLUS
DOCUMENT NUMBER: 124:313438
TITLE: Potentiation of nitric oxide-mediated vasorelaxation by xanthine oxidase inhibitors
AUTHOR(S): Miyamoto, Yoichi; Akaike, Takaaki; Yoshida, Masaki; Goto, Shingo; Horie, Hidechika; Maeda, Hiroshi
CORPORATE SOURCE: School Medicine, Kumamoto Univ., Kumamoto, 860, Japan
SOURCE: Proceedings of the Society for Experimental Biology and Medicine (1996), 211(4), 366-73
CODEN: PSEBAA; ISSN: 0037-9727
PUBLISHER: Blackwell
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Nitric oxide (NO), now almost synonymous with endothelium-derived relaxing factor (EDRF), reacts with superoxide anion radical (O2-) and forms a potentially toxic mol. species, peroxynitrite (ONOO-). Because xanthine oxidase (XO) seems to be a major O2--producing enzyme in the vascular system, it is important to clarify the mechanism of XO regulation of NO/EDRF. We first characterized the inhibition of XO in vitro by three types of pyrazolopyrimidine derivs. Kinetic studies indicated that 4-amino-6-hydroxypyrazolo[3,4-d]pyrimidine (AHPP) and allopurinol competitively inhibited the conversion of xanthine to uric acid catalyzed by XO, with apparent Ki values of 0.17 ± 0.02 and 0.50 ± 0.03 μM, resp.; alloxanthine inhibited this conversion in a noncompetitive manner with an apparent Ki value of 3.54 ± 1.12 μM. O2- generation in the xanthine/XO system assayed by lucigenin-dependent

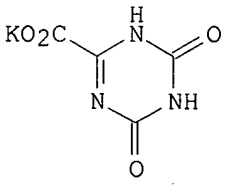
chemiluminescence was suppressed most strongly by AHPP in a dose-dependent fashion; allopurinol itself appears to reduce the enzyme by transfer of an electron to O2, thus generating O2-. AHPP significantly augmented EDRF-mediated relaxation of aortic rings from both rabbits and spontaneously hypertensive rats (SHR) in a dose-dependent manner, whereas allopurinol did not affect the relaxation and only marginal potentiation of the vasorelaxation was observed with alloxanthine. Finally, i.v. injection of AHPP (50.4 mg/kg; 100 μmol/300 g rat) reduced the blood pressure of SHR rats to 70% of the initial pressure; this pressure is almost the blood pressure of normal rats. Allopurinol (100 μmol/300 g rat; i.v.) showed transient decrease in blood pressure and moderate reduction of hypertension of SHR (10%) was observed with i.v. injection of alloxanthine (100 μmol/300 g rat). On the basis of these results, it seems that XO regulates EDRF/NO via production of O2-.

L17 ANSWER 7 OF 112 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 1995:664198 CAPLUS
DOCUMENT NUMBER: 123:166783
TITLE: Analysis of 135 cases of primary gouty arthritis
AUTHOR(S): Yi, Wei; Liang, Xueping; Fan, Jiyuan; Zhang, Peng; Jia, Zhiheng
CORPORATE SOURCE: Dep. Endorcinology, Tianjing Med. Univ., Tianjing, 300052, Peop. Rep. China
SOURCE: Tianjin Yiyao (1995), 23(1), 3-6
CODEN: TIYADG; ISSN: 0253-9896
PUBLISHER: Tianjin Yixue Zazhishe
DOCUMENT TYPE: Journal
LANGUAGE: Chinese
AB 135 Of primary gouty arthritis (134 males and 1 female) were complicated with obesity (51.7%), hypertension (43.7%) ischemia heart disease (25.2%), hyperlipemia (37.8%), nephrolithiasis (23.7%), s.c. trophic (18.5%), 15% of them had family history, onset age of gout arthritis ranged from 21 to 74 yr (median 52 yr). After allopurinol therapy serum uric acid decreased from 530.7 ± 99.9 μmol/L (n = 135) to 240.9 ± 66.6 μmol/L (n = 122), p <0.001, fractional clearance (CUA/Ccr) recovered from 7.7 ± 4.7% (n = 96) to 19.4 ± 12.6% (n = 81), p <0.001. 87.6% Patients arthritis were relieved, the results suggested that the deficiency of renal uric acid clearance was involved in the pathogenesis of primary gout.

L17 ANSWER 8 OF 112 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 1991:199354 CAPLUS
DOCUMENT NUMBER: 114:199354
TITLE: Nephrotoxicity of allopurinol is enhanced in experimental hypertension
AUTHOR(S): Trachtman, Howard; Valderrama, Elsa; Futterweit, Stephen
CORPORATE SOURCE: Dep. Pediatr., Schneider Child. Hosp., New Hyde Park, NY, 11042, USA
SOURCE: Hypertension (1991), 17(2), 194-202
CODEN: HPRTDN; ISSN: 0194-911X
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Hyperuricemia is present in 20-40% of pediatric and adult patients with essential hypertension. This metabolic abnormality may represent an addnl. risk factor for the development of cardiovascular disease. Therefore, the authors performed the following studies to determine 1) whether hyperuricemia is more prevalent in the spontaneously hypertensive rat (SHR) and 2) whether allopurinol treatment has a beneficial effect on the development of hypertension in this strain, based on its capacity to lower the serum uric acid concentration and to act as an antioxidant agent. SHR and control Wistar-Kyoto (WKY) rats were assigned to two groups, one given tap water

to drink and the other provided water containing allopurinol (400 mg/L) to furnish an approx. daily dose equal to 100 mg/kg. This treatment was maintained for 15 wk. The serum uric acid levels were similar in untreated SHR and WKY rats (1.85 vs. 1.66 mg/dL). In the control WKY rat strain, allopurinol therapy did not adversely affect weight gain or hematocrit and did not cause an increase in mortality. It resulted in a moderate decrement in kidney function (creatinine clearance: allopurinol-treated group 0.32 vs. control group 0.46 mL/min/100 g body wt, in conjunction with mild-to-moderate tubulointerstitial inflammation (allopurinol-treated group 0.9 vs. control group 0). In contrast, administration of allopurinol to SHR resulted in failure to thrive, marked anemia, severe azotemia (creatinine clearance: allopurinol-treated group 0.04 vs. control group 0.39 mL/min/100 g body weight; $p<0.001$), and severe tubular atrophy and interstitial fibrosis (allopurinol-treated group 2.2 vs. control group 0). These findings indicate that hyperuricemia is not more prevalent in the SHR. Furthermore, allopurinol administration is associated with markedly increased nephrotoxicity characterized by severe tubulointerstitial injury, azotemia, and impaired growth.

L17 ANSWER 9 OF 112 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 1979:551263 CAPLUS
DOCUMENT NUMBER: 91:151263
TITLE: The oxonate pretreated rat as a model for evaluating hyperuricemic effects of antihypertensive drugs
AUTHOR(S): Smith, R. D.; Essenburg, A. D.; Kaplan, H. R.
CORPORATE SOURCE: Pharm. Res. Div., Warner-Lambert/Parke-Davis, Ann Arbor, MI, 48105, USA
SOURCE: Clinical and Experimental Hypertension (1978-1981) (1979), 1(4), 487-504
CODEN: CEHYDQ; ISSN: 0148-3927
DOCUMENT TYPE: Journal
LANGUAGE: English
GI



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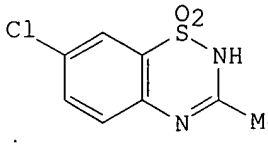

II

AB The K oxonate (I) [2207-75-2]-pretreated (uricase-inhibited) rat was evaluated as an in vivo model in which to test the hyperuricemic effect of antihypertensive drugs. Inhibition of uricase by I pretreatment (2 + 250 mg/kg i.p.) elevated plasma uric acid [69-93-2] levels. Allopurinol (50 mg/kg orally) blocked the I-induced elevation of endogenously synthesized uric acid but had no effect on the response to exogenously administered uric acid. In the I-pretreated rat diazoxide (II) [364-98-7] (50 mg/kg i.p.) produced a significant elevation in plasma uric acid levels which was blocked by allopurinol. Since II reduced the urinary uric acid excretion, a renal effect is also implicated. Other agents used in the treatment of hypertension such as hydralazine [86-54-4] (6 mg/kg), furosemide [54-31-9] (100 mg/kg), and prazosin [19216-56-9] (10 mg/kg) produced small but significant increases in plasma uric acid levels in rats pretreated with I when administered i.p. The doses of these agents required to produce the

hyperuricemic response were greater than those required to produce their characteristics diuretic or antihypertensive effects. The hyperuricemic effects of all 3 agents were blocked by allopurinol. Thus, the I-pretreated rat can be used to study the effects on uric acid synthesis in vivo. The data with hydralazine and prazosin, however, showing a hyperuricemia in I-pretreated rats when none has been observed during the clin. use of these compds., raises serious question as to its utility as a model for predicting the hyperuricemic liability of new drugs.

L17 ANSWER 10 OF 112 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 1967:452640 CAPLUS
DOCUMENT NUMBER: 67:52640
TITLE: Allopurinol in thiazide-induced hyperuricemia
AUTHOR(S): Rapado Errazti, Aurelio
CORPORATE SOURCE: Fundacion Jimenez-Diaz, Madrid, Spain
SOURCE: Annals of the Rheumatic Diseases, Supplement (1966), 6, 660-7
CODEN: ARHSB7
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Allopurinol (I) given to normal subjects decreased serum and urinary uric acid (II) levels. There was no significant change in urate clearance (Curate) or in the ratio of urate-to-creatinine clearance (Ccreatinine). I and thiazide diuretics given together caused serum II to increase and Curate to decrease with no effect on urinary II. The effect of I alone on hypertensive patients with normal kidney function was the same as for controls. The diuretic increased serum II, and decreased Curate and the Curate-to-Ccreatinine ratio. Diuretics given during I treatment had no effect on serum or urinary II. Thiazide decreased the glomerular filtration rate (GFR) and the ratio of Curate-to-Ccreatinine. Gouty hypertensive patients with normal renal function previously treated with I did not have significantly increased serum II nor decreased Curate levels after thiazide administration. The GFR decreased in gouty hypertensive patients with impaired renal function. There was no hyperuricemic response nor variation in Curate. The ratio of Curate-to-Ccreatinine increased. After I administration, serum and urinary II returned to normal in hypertensives with thiazideinduced hyperuricemia. Gouty hypertensives previously treated with thiazides had normal serum II and decreased urinary II after I administration. These patients previously treated with I had no significant differences in serum or urinary II after diuretic administration. I had no effect on the hypotensive action from diuretic administration. In some gouty patients where serum II was restored to normal by I, thiazide precipitated an acute attack mainly at the beginning of treatment. The serum II level was appreciably less than before treatment. Increased doses of colchicine controlled the attack. There were no alterations in blood pressure or hepatic function during I administration.

=> d 11-20 L17 ibib abs

L17 ANSWER 11 OF 112 MEDLINE on STN
ACCESSION NUMBER: 2001060924 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11096285
TITLE: Improvement of renal function in patients with chronic gout after proper control of hyperuricemia and gouty bouts.
AUTHOR: Perez-Ruiz F; Calabozo M; Herrero-Beites A M; Garcia-Erauskin G; Pijoan J I
CORPORATE SOURCE: Rheumatology Section, Hospital de Cruces, Barakaldo, Spain.. fperez@hcru.osakidetza.net
SOURCE: Nephron, (2000 Nov) Vol. 86, No. 3, pp. 287-91.
Journal code: 0331777. ISSN: 0028-2766.

PUB. COUNTRY: Switzerland
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200012
ENTRY DATE: Entered STN: 22 Mar 2001
Last Updated on STN: 22 Mar 2001
Entered Medline: 28 Dec 2000

AB AIM: To evaluate the effect of nonsteroidal anti-inflammatory drug (NSAID) withdrawal on renal function in patients with chronic gout after proper control of hyperuricemia and gouty symptoms. METHODS: Patients with chronic gout, who regularly used NSAIDs to control gouty symptoms prior to urate-lowering therapy, were prospectively followed up in an observational study. Risk factors for renal function impairment were recorded, and the clearance of creatinine (Ccr) was initially measured while on colchinine therapy to prevent gouty bouts. Therapy with urate-lowering drugs was started in order to keep serum urate levels under 6.0 mg/dl (275 micromol/l), and the Ccr was monitored during the follow-up period. Final assessment of the renal function was made after 1 year free from gouty bouts and without NSAID therapy during this period. RESULTS: 87 patients completed a 1-year period of NSAID withdrawal. Low initial Ccr was related to age, hypertension, hypertriglyceridemia and the presence of previous renal diseases. After proper control of gout and NSAID withdrawal during 1 year, the mean Ccr significantly raised from 94 to 104 ml/min. The improvement was especially significant in patients whose initial Ccr was under 80 ml/min. Their mean Ccr rose from 60 to 78 ml/min, and 12 of 29 patients achieved normal Ccr at the end of the study. No risk factor correlated with improvement of the renal function. CONCLUSIONS: Renal function impairment in patients with chronic gout is mainly related to vascular risk factors, but improvement of the renal function was observed after proper control of hyperuricemia and NSAID withdrawal. Optimal control of hyperuricemia and, therefore, of symptoms of gout should be especially considered in patients with vascular risk factors in order to avoid renal function loss due to NSAID use.

L17 ANSWER 12 OF 112 MEDLINE on STN
ACCESSION NUMBER: 2000360230 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10901773
TITLE: Clinical manifestations of gout and their management.
AUTHOR: van Doornum S; Ryan P F
CORPORATE SOURCE: Department of Rheumatology, Alfred Hospital, Melbourne, VIC.
SOURCE: The Medical journal of Australia, (2000 May 15)
Vol. 172, No. 10, pp. 493-7. Ref: 29
Journal code: 0400714. ISSN: 0025-729X.
PUB. COUNTRY: Australia
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200008
ENTRY DATE: Entered STN: 11 Aug 2000
Last Updated on STN: 11 Aug 2000
Entered Medline: 1 Aug 2000

AB Gout is an inflammatory response to deposition of monosodium urate crystals in and around joints. It is primarily a disease of adult men. In acute gout, treatment options include non-steroidal anti-inflammatory drugs (NSAIDs), colchicine and corticosteroids, administered either intra-articularly, orally or parenterally. Asymptomatic hyperuricaemia does not require specific treatment, but should prompt screening for atherosclerosis risk factors, and general lifestyle modification to reduce serum urate levels. Gout presents differently in the elderly. Both women

and men are affected, attacks are frequently polyarticular and in the upper limbs, and the gout may be associated with diuretic use, hypertension and renal impairment. In patients with peptic ulcer disease, selective COX-2 inhibitors provide another treatment option. In the presence of renal impairment, allopurinol is the treatment of choice for urate lowering therapy, but doses of allopurinol and colchicine must be adjusted. Urate lowering therapy should only be used if recurrent episodes of gout occur despite aggressive attempts to reverse or control the underlying causes. It should not be introduced or discontinued during an acute episode of gout, and gout prophylaxis (NSAIDs or colchicine) should be prescribed during the introduction of urate lowering therapy.

L17 ANSWER 13 OF 112 MEDLINE on STN
ACCESSION NUMBER: 97253410 MEDLINE
DOCUMENT NUMBER: PubMed ID: 9098853
TITLE: Purine metabolism and inhibition of xanthine oxidase in severely hypoxic neonates going onto extracorporeal membrane oxygenation.
AUTHOR: Marro P J; Baumgart S; Delivoria-Papadopoulos M; Zirin S; Corcoran L; McGaurn S P; Davis L E; Clancy R R
CORPORATE SOURCE: Children's Hospital of Philadelphia, Pennsylvania, USA.
CONTRACT NUMBER: HD-20337 (NICHD)
N01-NS-1-2315 (NINDS)
RR-00240 (NCRR)
SOURCE: Pediatric research, (1997 Apr) Vol. 41, No. 4 Pt 1, pp. 513-20.
Journal code: 0100714. ISSN: 0031-3998.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199707
ENTRY DATE: Entered STN: 16 Jul 1997
Last Updated on STN: 16 Jul 1997
Entered Medline: 2 Jul 1997

AB The effect of allopurinol to inhibit purine metabolism via the xanthine oxidase pathway in neonates with severe, progressive hypoxemia during rescue and reperfusion with extracorporeal membrane oxygenation (ECMO) was examined. Twenty-five term infants meeting ECMO criteria were randomized in a double-blinded, placebo-controlled trial. Fourteen did not receive allopurinol, whereas 11 were treated with 10 mg/kg after meeting criteria and before cannulation, in addition to a 20-mg/kg priming dose to the ECMO circuit. Infant plasma samples before cannulation, and at 15, 30, 60, and 90 min, and 3, 6, 9, and 12 h on bypass were analyzed (HPLC) for allopurinol, oxypurinol, hypoxanthine, xanthine, and uric acid concentrations. Urine samples were similarly evaluated for purine excretion. Hypoxanthine concentrations in isolated blood-primed ECMO circuits were separately measured. Hypoxanthine, xanthine, and uric acid levels were similar in both groups before ECMO. Hypoxanthine was higher in allopurinol-treated infants during the time of bypass studied ($p = 0.022$). Xanthine was also elevated ($p < 0.001$), and uric acid was decreased ($p = 0.005$) in infants receiving allopurinol. Similarly, urinary elimination of xanthine increased ($p < 0.001$), and of uric acid decreased ($p = 0.04$) in treated infants. No allopurinol toxicity was observed. Hypoxanthine concentrations were significantly higher in isolated ECMO circuits and increased over time during bypass ($p < 0.001$). This study demonstrates that allopurinol given before cannulation for and during ECMO significantly inhibits purine degradation and uric acid production, and may reduce the production of oxygen free

radicals during reoxygenation and reperfusion of hypoxic neonates recovered on bypass.

L17 ANSWER 14 OF 112 MEDLINE on STN
ACCESSION NUMBER: 95390059 MEDLINE
DOCUMENT NUMBER: PubMed ID: 7660979
TITLE: The influence of allopurinol on renal deterioration in familial nepropathy associated with hyperuricemia (FNAH). The Spanish Group for the Study of FNAH.
AUTHOR: Miranda M E
CORPORATE SOURCE: Division of Internal Medicine, La Paz Hospital, Universidad Autonoma, Madrid, Spain.
SOURCE: Advances in experimental medicine and biology, (1994) Vol. 370, pp. 61-4.
Journal code: 0121103. ISSN: 0065-2598.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199510
ENTRY DATE: Entered STN: 13 Oct 1995
Last Updated on STN: 13 Oct 1995
Entered Medline: 2 Oct 1995

L17 ANSWER 15 OF 112 MEDLINE on STN
ACCESSION NUMBER: 95150005 MEDLINE
DOCUMENT NUMBER: PubMed ID: 7847350
TITLE: Familial hyperuricemic nephropathy.
AUTHOR: Reiter L; Brown M A; Edmonds J
CORPORATE SOURCE: Department of Renal Medicine, St George Hospital, Sydney, Australia.
SOURCE: American journal of kidney diseases : the official journal of the National Kidney Foundation, (1995 Feb) Vol. 25, No. 2, pp. 235-41.
Journal code: 8110075. ISSN: 0272-6386.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199503
ENTRY DATE: Entered STN: 16 Mar 1995
Last Updated on STN: 16 Mar 1995
Entered Medline: 3 Mar 1995
AB This report describes a Polynesian family that had the rare combination of hyperuricemia, precocious gout, hypertension, and renal failure at an early age, with an autosomal dominant inheritance. One family member had renal biopsy evidence of interstitial urate crystal deposition, a surprisingly uncommon observation in such families, and most had decreased fractional excretion of urate, reflecting either decreased secretion or enhanced postsecretory renal reabsorption of uric acid. One patient has had a successful renal transplant. On the basis of these observations, family members of any such index case should be screened for this disorder. Treatment of affected members might include a uricosuric agent and/or allopurinol early in the course of the disorder.

L17 ANSWER 16 OF 112 MEDLINE on STN
ACCESSION NUMBER: 94017223 MEDLINE
DOCUMENT NUMBER: PubMed ID: 8411689

TITLE: Hyperuricemia and atherosclerosis.
AUTHOR: Nishioka K; Iwatani M
CORPORATE SOURCE: Institute of Medical Science, St. Marianna University School of Medicine.
SOURCE: Nippon rinsho. Japanese journal of clinical medicine, (1993 Aug) Vol. 51, No. 8, pp. 2177-81.
Journal code: 0420546. ISSN: 0047-1852.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Japanese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199311
ENTRY DATE: Entered STN: 17 Jan 1994
Last Updated on STN: 17 Jan 1994
Entered Medline: 16 Nov 1993

AB To clearly determine whether hyperuricemia participates directly in atherosclerotic disease or not, the prognosis and associated factors were studied, based on data from 104 patients whose serum uric acid had been completely maintained at normal levels with prolonged medication. The mean age at death was 65.8 +/- 10.5 years. The causes of death were as follows: cardiovascular disease (26.9%), cerebral disease (26.2%), malignant neoplasms (26.0%), uremia (7.6%), and miscellaneous disease (18.3%). Serum lipids especially triglycerides, body weight and influenced on the prognosis of the patients FBS. Most common complications were in the cardiovascular disease group; hypertension and hyperlipidemia. These data suggested that the apparent increased incidence of cardiovascular disease in gout rather than renal failure bore a relationship to such complications as hypertension or hypertriglycemia. Hyperuricemia alone may not be an atherosclerotic risk factors. There was no correlation between treatment with allopurinol and probenecid and cardiovascular complications.

L17 ANSWER 17 OF 112 MEDLINE on STN
ACCESSION NUMBER: 93151692 MEDLINE
DOCUMENT NUMBER: PubMed ID: 8427538
TITLE: Hereditary nephropathy associated with hyperuricemia and gout.
AUTHOR: Puig J G; Miranda M E; Mateos F A; Picazo M L; Jimenez M L; Calvin T S; Gil A A
CORPORATE SOURCE: Division of Internal Medicine, University Hospital, Madrid, Spain.
SOURCE: Archives of internal medicine, (1993 Feb 8) Vol. 153, No. 3, pp. 357-65.
Journal code: 0372440. ISSN: 0003-9926.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199302
ENTRY DATE: Entered STN: 12 Mar 1993
Last Updated on STN: 12 Mar 1993
Entered Medline: 26 Feb 1993

AB BACKGROUND: The clinical characteristics of hereditary nephropathy associated with hyperuricemia or gout have not been fully described, and the pathogenetic role of increased serum urate concentration is controversial. METHODS: We examined the clinical characteristics of 14 patients and purine metabolism of seven patients, while they were on a purine-restricted diet, in two families with hereditary nephropathy associated with asymptomatic hyperuricemia or gout. Results of plasma and urinary purine measurements were compared with those obtained in 25 patients with gout and renal insufficiency and in 25 normal subjects. Eight subjects in both families were followed up for a mean of 44 months. Allopurinol was given to all patients and enalapril maleate to

hypertensive subjects. RESULTS: All patients had some combination of hyperuricemia, gout, renal insufficiency, arterial hypertension, and reduced kidney size. Decreased glomerular filtration rate was proportional to the decreased renal plasma flow. Renal vascular resistance was markedly increased in the patients with diminished renal plasma flow. All patients with familial nephropathy showed diminished urinary uric acid, hypoxanthine, and xanthine excretion rates. Purine under-excretion was more severe in affected patients with familial nephropathy than in patients with gout and renal insufficiency. Kidney biopsy specimens from three patients with familial nephropathy showed tubulointerstitial lesions and ischemic changes in glomeruli but no uric acid crystals. The kidney uric acid content was normal. Allopurinol treatment normalized serum urate levels, but serum creatinine concentrations increased and creatinine clearance decreased in all patients with familial nephropathy. One patient with gout only at initial evaluation developed renal failure during the follow-up period. CONCLUSIONS: Increased serum urate concentrations in hereditary nephropathy associated with hyperuricemia and gout are due to severe impairment of uric acid excretion. Hyperuricemia does not appear, however, to be of pathogenetic relevance and may be a consequence of a primary disruption of renal hemodynamics.

L17 ANSWER 18 OF 112 MEDLINE on STN
ACCESSION NUMBER: 92381924 MEDLINE
DOCUMENT NUMBER: PubMed ID: 1355121
TITLE: The management of hyperuricemia associated with drug treatment of hypertension.
AUTHOR: Nakata T; Iimura O
CORPORATE SOURCE: Second Department of Internal Medicine, Sapporo Medical College.
SOURCE: Nippon rinsho. Japanese journal of clinical medicine, (1992 May) Vol. 50 Suppl, pp. 116-9.
Journal code: 0420546. ISSN: 0047-1852.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Japanese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199209
ENTRY DATE: Entered STN: 18 Oct 1992
Last Updated on STN: 6 Feb 1995
Entered Medline: 25 Sep 1992

L17 ANSWER 19 OF 112 MEDLINE on STN
ACCESSION NUMBER: 90346813 MEDLINE
DOCUMENT NUMBER: PubMed ID: 2384454
TITLE: Clinical profile, therapeutic approach and outcome of gouty arthritis in northern India.
AUTHOR: Kumar A; Singh Y N; Malaviya A N; Chaudhary K; Tripathy S
CORPORATE SOURCE: Department of Medicine, All India Institute of Medical Sciences, New Delhi.
SOURCE: The Journal of the Association of Physicians of India, (1990 Jun) Vol. 38, No. 6, pp. 400-2.
Journal code: 7505585. ISSN: 0004-5772.
PUB. COUNTRY: India
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199009
ENTRY DATE: Entered STN: 26 Oct 1990
Last Updated on STN: 26 Oct 1990
Entered Medline: 20 Sep 1990
AB Thirty patients with gouty arthritis were studied over 3 years. The diagnosis was established with the help of polarised light microscopy.

All the patients were males, with a median age of 45 years. They belonged to the middle or upper socio-economic class and were obese (mean body mass index 29.7). Chronic alcoholism, diabetes mellitus and hypertension were present in one patient each. No patient had symptomatic coronary artery disease. Although 6 patients had a history of renal colic, only one had gouty nephropathy with chronic renal failure. Six patients had a positive family history of gout. The disease involved mostly the joints of the lower extremity and podagra was observed in 70% of patients. Eight patients had tophi at various sites. There were 17 'over producers' and 13 'under excretors' of uric acid . The treatment consisted of patient education, symptomatic control with non steroidal anti-inflammatory drugs and/or colchicine and antihyperuricaemic therapy. The overproducers were treated with allopurinol while the under excretors were treated with [corrected] sulfinpyrazone. In general, there was a good response to therapy as indicated by lowering of serum uric acid and the number of painful episodes per year. The overall profile of the disease appears similar to that seen in the West.

L17 ANSWER 20 OF 112 MEDLINE on STN
ACCESSION NUMBER: 90023494 MEDLINE
DOCUMENT NUMBER: PubMed ID: 2801716
TITLE: Evaluation of allopurinol use in patients with gout.
AUTHOR: Zell S C; Carmichael J M
CORPORATE SOURCE: Department of Internal Medicine, Veterans Administration Medical Center, Reno, NV 89520.
SOURCE: American journal of hospital pharmacy, (1989 Sep) Vol. 46, No. 9, pp. 1813-6.
Journal code: 0370474. ISSN: 0002-9289.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198911
ENTRY DATE: Entered STN: 28 Mar 1990
Last Updated on STN: 28 Mar 1990
Entered Medline: 3 Nov 1989

AB The use of long-term allopurinol therapy in patients with gout was evaluated. A pharmacy computer printout was used to identify all outpatients for whom allopurinol had been prescribed during a six-month period in 1985 at a large Veterans Administration medical center. Medical records were reviewed to (1) classify patients as either having or not having definite indications for allopurinol treatment, (2) determine whether physicians had ordered roentgenographic and laboratory tests for presence of monosodium urate crystals, uric acid excretion, and renal function, and (3) identify gout-associated risk factors and disease entities that could cause hyperuricemia. A pharmacy record of all allopurinol and probenecid prescriptions for the six-month period was obtained, along with cost data. Of the 286 patients who received allopurinol, 32 received the drug for an indication that could not definitely be established as gout. Of the 254 remaining patients, only 45 (17.7%) had a definite indication for allopurinol use as defined by the pharmacy and therapeutics committee. Although pretreatment measurement of serum creatinine was common, only a few patients underwent joint aspiration, a 24-hour urine collection, or roentgenography of affected joints. Large proportions of the patients were found to have gout-associated risk factors. If the 209 patients without definite indications for allopurinol therapy had been treated with probenecid instead of allopurinol, the annual cost savings would have been about $3700. Most of the patients receiving allopurinol for gout could reasonably have been treated with a uricosuric agent such as probenecid at a lower cost. Generally, physicians did not use

diagnostic tests optimally before prescribing allopurinol and did not attempt to modify risk factors for gout.

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COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	123.26	123.47

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	-10.14	-10.14

FILE 'STNGUIDE' ENTERED AT 09:45:58 ON 22 JAN 2007

FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: Jan 19, 2007 (20070119/UP).

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